

PO#000101303

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000096048 3)))



H150000960483ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

agent@bizfilings.com

**REGISTERED AGENT CHANGE  
CI NAPLES MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
15 APR 21 AM 9:19  
TALLAHASSEE  
RECEIVED  
15 APR 21 PM 5:09  
TALLAHASSEE

H500009100483

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CI NAPLES MANAGEMENT, INC.  
 2. The principal office address: 6900 Daniels Pkwy., Ste. 29-323, Fort Myers, Florida 29-323

3. The mailing address (if different): 3245 Peachtree Pky., Suite D-218, Suwanee, GA 30024

4. Date of incorporation/qualification: 8/2/2006 Document number: P06000101303

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAHAN, RONALD M

G/O COLLIER INVESTMENTS LLC

12010 NE HWY 70, ARCADIA, FL 34266

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Business Filings Incorporated

515 E. Park Avenue

P.O. Box NOT acceptable

Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas J. Flood  
 Signature of an officer or director

Thomas J. Flood, President  
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark Williams  
 Signature of Registered Agent

1st day of April, 2015  
 Date

If signing on behalf of an entity:

Mark Williams, AVP

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6527, TALLAHASSEE, FL 32314  
 CR2E045 (05 12)

H500009100483